

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

To be filed with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

☐ Check if this report is an amendment

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203-1917
Phone (501) 324-9600
Toll Free (800) 422-7773

THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE
THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE

1. Name of Candidate

Jim Dotson

Address

2109 SE 9th St

City, State and Zip

Bentonville, AR 72712

Phone Number:

479-644-0740

Office Sought

State Representative District 93

District Number:

93

Does the candidate have a campaign committee? () Yes (x) No

If yes, complete the following:

Name of Chairperson/Treasurer:

Mailing Address:

Phone Number:

2. Type of Election: (check one only)

Year of Election: 2016

x Primary ☐ Primary Runoff ☐ General ☐ General Runoff ☐ Special

3. Type of Report: (check one only)

This report covers what period? (10 / 1 / 16) through (10 / 31 / 16)

☐ 10 Day Preelection

☐ First Quarter (due April 15)

☐ Second Quarter (due July 15)

☐ Third Quarter (due October 15)

☐ Fourth Quarter (due January 15)

☐ January Monthly

☐ February Monthly

☐ March Monthly

☐ April Monthly

☐ June Monthly

☐ July Monthly

☐ August Monthly

☐ September Monthly

☒ October Monthly

Special Elections Only:

☐ May Monthly

☐ November Monthly

☐ December Monthly

SUMMARY

FOR REPORTING PERIOD

CUMULATIVE TOTAL

4. Balance of campaign funds at beginning of reporting period

\$14,344.99

5. Interest (if any) earned on campaign account

\$0

6. Total Loans (enter total from line 12)

\$0

7. Total Monetary Contributions (enter total from line 18)

\$250.00

8. Total Expenditures (enter total from line 27)

\$0

9. Balance of campaign funds at close of reporting period

\$14,594.99

\$19,438.94

\$4,843.95

10. () NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative

OFFICIAL SEAL - #12693754

Sworn to and subscribed before me, a Notary Public in and for

(Legible Notary Seal)

NOTARY PUBLIC-ARKANSAS

PULASKI COUNTY

MY COMMISSION EXPIRES: 05-06-25

Notary Signature

My Commission Expires:

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A. § 7-6-201 through § 7-6-227. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

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11. LOAN INFORMATION

Please Type or Print
Do not list loans previously reported

DATE	NAME AND ADDRESS OF LENDING INSTITUTION	GUARANTOR(S) IF ANY	AMOUNT
12. TOTAL LOANS DURING REPORTING PERIOD			\$0

IMPORTANT

The limits on campaign contributions do not apply to loans or contributions made by a candidate from his or her own personal funds to the campaign, or to personal loans made by financial institutions to the candidate and applied to his or her campaign. Any loans made by a candidate to his or her campaign and any loans made by a financial institution to a candidate and applied to his or her campaign shall be reported in Section 11.

If a candidate desires to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then he or she would need to report those personal funds as a loan in Section 11.

If a candidate does not desire to use or raise campaign funds to repay himself or herself for personal funds that he or she contributed to the campaign, then those personal funds would not be reported in Section 11. Instead, they would be reported as a campaign contribution either in Section 15 or on line 17, depending upon the amount.

13. NONMONEY CONTRIBUTIONS

(Does not include volunteer services by individuals)

Date of receipt	Full Name and Address of Contributor	Description of nonmoney item	Value of nonmoney item	Cumulative Total From This Contributor
14. TOTAL NONMONEY CONTRIBUTIONS			\$0	

IMPORTANT

In addition to monetary contributions, candidates are required to report the receipt of any nonmonetary ("in-kind") contributions. A candidate receives an in-kind contribution whenever a person provides him with an item or service without charge or for a charge which is less than the fair market value of the item or service in question.

The value of an in-kind contribution is the difference between the fair market value and the amount charged. In-kind contributions are addressed in greater detail in Sections 205 and 206 of the Commission's Rules on Campaign Finance & Disclosure.

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15. ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

(Use Additional Copies Of This Page If Necessary)

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
10/13/16	Steve R. Adams P.O. Box 624 Carrollton, GA 30112	Business Owner	<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input checked="" type="checkbox"/> General <input type="checkbox"/> Debt <div style="text-align: right;">\$250.00</div>	\$250.00
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
Subtotal of Contributions This Page			\$250.00	

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ITEMIZED MONETARY CONTRIBUTIONS OVER \$50

Please Type or Print

Date	Full Name And Mailing Address Of Contributor	Place Of Business/ Employer/Occupation	Amount Of Contribution	Cumulative Total From This Contributor
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
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			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
			<input type="checkbox"/> Primary <input type="checkbox"/> Run-Off <input type="checkbox"/> General <input type="checkbox"/> Debt	
16. TOTAL ITEMIZED MONETARY CONTRIBUTIONS OVER \$50			\$250.00	
17. TOTAL NONITEMIZED MONETARY CONTRIBUTIONS			\$0	
18. TOTAL MONETARY CONTRIBUTIONS THIS REPORT			\$250.00	

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[illegible]

Please Type or Print

(Include any person you paid to work on your campaign, does not have to be full-time worker)

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22. TOTAL AMOUNT PAID CAMPAIGN WORKERS	\$0
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23. ITEMIZED CAMPAIGN EXPENDITURES OVER \$100

Please Type or Print

(Use additional copies of this page if necessary)

[illegible]

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Note: All Expenditures Reflected on Lines 24, 25, and 26 Should Be Totaled by Category in Section 19

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